

APPLYING THE APA *GUIDELINES FOR
PSYCHOLOGICAL PRACTICE FOR TRANSGENDER
AND GENDER NONCONFORMING PEOPLE*
IN EVERYDAY PRACTICE

Sand C. Chang, Ph.D.

Licensed Psychologist, Gender Therapist, Certified EMDR Therapist

Thursday, March 29, 2018

This training is provided free of charge due to a generous grant from the APA Public Interest Directorate awarded to APA Division 44 and the Committee on Sexual Orientation and Gender Diversity.



Sand Chang, PhD (they/them/their)

Clinical Practice Consultant, NCAL Kaiser Permanente

Program Manager, Weiland Health Initiative, Stanford University

Psychotherapist, Certified EMDR Therapist, and Trainer/Consultant,
Independent Practice, Oakland, CA



Training role/practice informed by:

- Current literature/research on trans communities
- Co-authoring APA's (2015) Trans Guidelines
- 15+ years clinical work with LGBTQ communities
- 3+ years at Kaiser Permanente trans clinic/program, 10+ years private practice
- Theoretical underpinnings: trauma-informed, social justice, feminist, relational
- Identification as a nonbinary queer person of color

I have no actual or potential conflict of interest in relation to this program/presentation.

AN EVERYDAY EXAMPLE

CHALLENGING GENDER NORMS



Illustrated by Gemma Correll



Illustrated by Gemma Correll



Illustrated by Gemma Correll



Illustrated by Gemma Correll



Illustrated by Gemma Correll



Illustrated by Gemma Correll

LEARNING OBJECTIVES

1. Describe the rationale for each of the APA Guidelines for Psychological Practice With Trans and Gender Nonconforming Clients.
2. List two applications of each of the APA Guidelines for Psychological Practice With Trans and Gender Nonconforming Clients.
3. Utilize clinical skills discussed to psychological practice with transgender and gender nonconforming clients.

SURVEY QUESTION I

HOW WOULD YOU CHARACTERIZE YOUR SKILL LEVEL IN WORKING WITH TRANS CLIENTS?

- a) Novice / no experience
- b) Minimal experience
- c) Moderate experience
- d) Very experienced but need to learn more
- e) Expert / nothing new to learn

THE GUIDELINES IN EVERYDAY PRACTICE

APA GUIDELINES

- Domains
 - Foundational Knowledge and Awareness
 - Stigma, Discrimination, and Barriers to Care
 - Lifespan Development
 - Assessment, Therapy, and Intervention
 - Research, Education, and Training



FOUNDATIONAL KNOWLEDGE

GUIDELINES 1-4

GUIDELINES 1 & 2

GL 1: Psychologists understand that gender is a nonbinary construct that allows for a range of gender identities and that a person's gender identity may not align with sex assigned at birth.

GL 2: Psychologists understand that gender identity and sexual orientation are distinct but interrelated constructs.

GUIDELINE I: APPLICATIONS

- Actively learning about gender identities/expressions
- Assisting clients/others in actively challenging gender norms and stereotypes
- Maintain an open, nonjudgmental stance when unfamiliar with a client's gender identity/expression/experience

GUIDELINE 2: APPLICATIONS

- Help clients understand distinctions and interrelatedness between gender and sexuality
- Normalize and validate a wide range of sexual orientations within TGNC communities

NONBINARY IDENTITIES: HISTORICAL AND GLOBAL CONTEXT

- Not a new, modern, or solely Western phenomenon
- Evidence of gender variance dating back centuries on every continent
- One could consider nonbinary identities as pre-dating the more commonly known conception of transgender identity as it emerged in the 20th century.



GUIDELINES 3 & 4

GL 3: Psychologists seek to understand how gender identity intersects with the other cultural identities of TGNC people.

GL 4: Psychologists are aware of how their attitudes about and knowledge of gender identity and gender expression may affect that quality of care they provide to TGNC people and their families.

GUIDELINE 3: APPLICATIONS

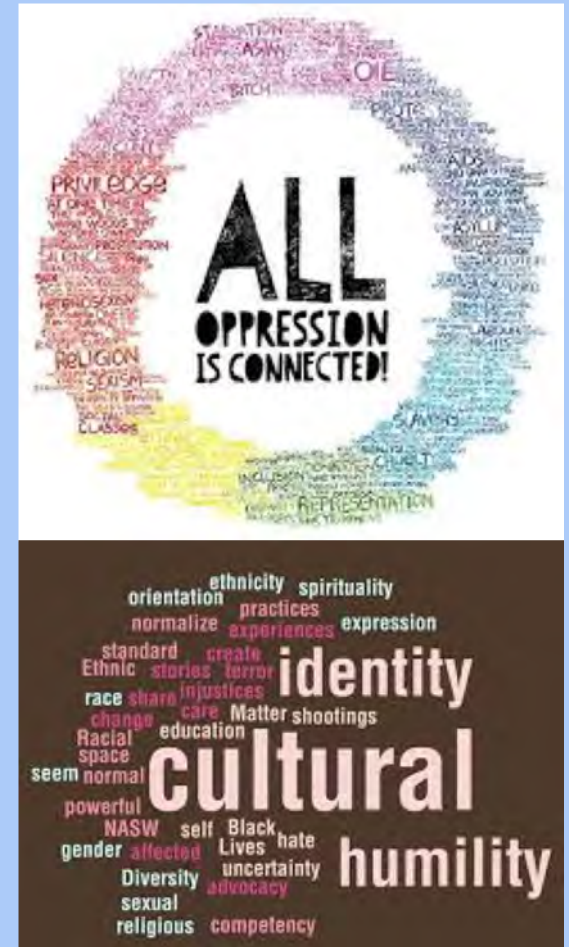
- Encourage exploration of cultural intersections and relationship to privilege/marginalization
- Identify and aid areas in which clients feel conflict among cultural values or identities (e.g., religion and sexuality, race and gender identity)
- Highlight areas of resilience that can aid in current challenges

GUIDELINE 4: APPLICATIONS

- Examine/interrogate clinician personal beliefs, values, biases and areas of privilege or marginalization
- Seek opportunities to educate oneself *outside of clinical encounter* (i.e., don't rely on the client to educate you)

WORKING ACROSS SIMILARITIES AND DIFFERENCES

- Be aware of your identities and how these inhabit privileged/marginalized spaces, especially difference.
- Refrain from trying to “prove” allyship (e.g., savior complex).
- Avoid assumptions based on your own experience.
- Address dual relationships in small communities.
- Challenge your own assumptions about what is normal or typical. Maintain humility.
- Take time to learn from others who may be more similar to the client.



CLINICAL EXAMPLE I

- Dr. Payne, a White cisgender man, meets with Dusty (they/them/their), a 28yo African American nonbinary trans woman. Dusty is seeking support in coming out to their parents.
- Dr. Payne starts to get into a theoretical discussion about the “contradictions” in Dusty’s gender identity. Dr. Payne complains, “All this newfangled nonbinary stuff and labels...I can’t keep up.”
- Dr. Payne then starts to ask questions about who Dusty is sexually attracted to and whether Dusty is “heterosexual” or “homosexual.”
- *What’s wrong with this situation?*
- *How could Dr. Payne take a more affirming stance? SURVEY QUESTION 2*

SURVEY QUESTION 2

HOW COULD DR. PAYNE TAKE A MORE AFFIRMING STANCE?

- a) Educate Dusty about nonbinary versus binary identities so they can clarify if they are one or the other.
- b) Learn the difference between gender identity and sexual orientation and engage in self-reflection regarding his own identity and biases.
- c) Address Dusty's presenting concern regarding disclosure with parents.
- d) All of the above.
- e) Options b, c, and d only.

SURVEY QUESTION 2

HOW COULD DR. PAYNE TAKE A MORE AFFIRMING STANCE?

- a) Educate Dusty about nonbinary versus binary identities so they can clarify if they are one or the other.
- b) Learn the difference between gender identity and sexual orientation and engage in self-reflection regarding his own identity and biases.
- c) Address Dusty's presenting concern regarding disclosure with parents.
- d) All of the above.
- e) **Options b, c, and d only.**

STIGMA, DISCRIMINATION, & BARRIERS TO CARE

GUIDELINES 5-7

GUIDELINES 5, 6, & 7

GL 5: Psychologists recognize how stigma, prejudice, discrimination, and violence affect the health and well-being of TGNC people.

GL 6: Psychologists strive to recognize the influence of institutional barriers on the lives of TGNC people and to assist in developing TGNC-affirmative environments.

GL 7: Psychologists understand the need to promote social change that reduces the negative effects of stigma on the health and well-being of TGNC people.

CHALLENGES TGNC PEOPLE FACE

- Bullying & Violence
- Education
- Employment
- Housing
- Access to Health Care
- Institutional Settings



GUIDELINE 5: APPLICATIONS

- Name and facilitate emotional processing related to stigma, discrimination, and barriers
- Aid clients in recognizing/building resilience/coping skills
- Take action to reduce barriers (e.g., provide information re: medical access or legal aid)
- Refer to trans-affirming community resources
- Provide training or advocacy in school/work settings

GUIDELINE 6: APPLICATIONS

- Ensure that clinical/work settings are trans-affirming and do not reinforce binary gender system
 - Displays, resources/brochures
 - Decorations in waiting room
 - Paperwork
 - Electronic medical records (EMRs)
 - All-gender restrooms

GUIDELINE 7: APPLICATIONS

- Get involved in advocacy groups that can effect policy change
- Provide resources for name/gender change (when desired)
- Write letters of support for transition-related health care (with additional training)
- Understand the history of mental health's role in gatekeeping
- Seek to change protocols or standards of care to be empowering and affirming

CLINICAL EXAMPLE 2

- Dr. Ortiz, a Latina cisgender gender therapist (she/her/hers), gets a job at a new trans health clinic.
 - She notices that the demographic forms and electronic medical records only allow for a binary gender option (M or F).
 - She also notices that all trans patients are required to be in 1 year of therapy before accessing any gender-affirming medical interventions.
 - She then notices some medical and mental health providers using terms like “demanding,” “difficult,” and “defensive” to refer to trans patients.
- *How could Dr. Ortiz advocate for more affirming practice in the clinic?*
- *SURVEY QUESTION 3*

SURVEY QUESTION 3

HOW COULD DR. ORTIZ ADVOCATE FOR MORE AFFIRMING PRACTICE IN THE CLINIC?

- a) Advocate for fill-in gender options or at least multiple nonbinary options.
- b) Educate other providers about the history of exploitation and gatekeeping of trans people by mental health providers, as well as the everyday stressors and barriers that many trans people face.
- c) Call attention to the outdated Standards of Care being used that require all trans people to be in therapy before medical interventions.
- d) All of the above.

SURVEY QUESTION 3

HOW COULD DR. ORTIZ ADVOCATE FOR MORE AFFIRMING PRACTICE IN THE CLINIC?

- a) Advocate for fill-in gender options or at least multiple nonbinary options.
- b) Educate other providers about the history of exploitation and gatekeeping of trans people by mental health providers, as well as the everyday stressors and barriers that many trans people face.
- c) Call attention to the outdated Standards of Care being used that require all trans people to be in therapy before medical interventions.
- d) **All of the above.**

LIFESPAN DEVELOPMENT

GUIDELINES 8-9

GUIDELINES 8 & 9

GL 8: Psychologists working with gender-questioning and TGNC youth understand the different developmental needs of children and adolescents, and that not all youth will persist in a TGNC identity into adulthood.

GL 9: Psychologists strive to understand both the particular challenges that TGNC elders experience and the resilience they can develop.

GUIDELINE 8: APPLICATIONS

- Stay up-to-date on literature regarding trans youth
- Be transparent about approach to working with youth
- Provide psychoeducation/support to parents
- Refrain from reinforcing the idea that all trans people know they are trans from a young age
- Understand that some young people will want medical interventions, and some will not – and that these interventions are not options until puberty
- Support exploration of medical interventions when appropriate (e.g., impact on reproductive options)

GUIDELINE 9: APPLICATIONS

- Aid TGNC elders in developing new social networks and reducing isolation
- Validate choices regarding disclosure
- Be mindful of generational and cohort differences
- Aid in exploration of end-of-life concerns, plans, wishes

CLINICAL EXAMPLE 3

- Jess, 12yo Filipino trans masculine client; he/him/his
- Parents divorced; Mom supportive, Dad was supportive but recently withdrew support
- Jess very anxious about developing secondary sex characteristics; would like puberty blockers
- Increased social anxiety, withdrawal, and gender dysphoria
- *SURVEY Q4: How might you respond if Jess was your client?*

SURVEY QUESTION 4

HOW MIGHT YOU RESPOND IF JESS WAS YOUR CLIENT?

- a) Meet with both parents to provide education about family support
- b) Work with Mom, ignore Dad, refer Jess to endocrinologist
- c) Alleviate gender dysphoria before referral for medical interventions
- d) All of the above

SURVEY QUESTION 4

HOW MIGHT YOU RESPOND IF JESS WAS YOUR CLIENT?

- a) **Meet with both parents to provide education about family support**
- b) Work with Mom, ignore Dad, refer Jess to endocrinologist
- c) Alleviate gender dysphoria before referral for medical interventions
- d) All of the above

ASSESSMENT, THERAPY, & INTERVENTION

GUIDELINES 10-14

GUIDELINES 10 & 11

GL 10: Psychologists strive to understand how mental health concerns may or may not be related to a TGNC person's gender identity and the psychological effects of minority stress.

GL 11: Psychologists recognize that TGNC people are more likely to experience positive life outcomes when they receive social support or trans-affirmative care.

CO-OCCURRING CLINICAL CONCERNS

- There may be an increase in mental health symptoms for clients presenting with gender concerns
- Various explanations for this co-occurrence:
 - No relationship
 - Gender concern may lead to symptoms
 - via gender dysphoria or minority stress
 - Co-occurring condition mimics a gender concern
 - Independent, but one influences the other
 - sometimes simultaneously

FAMILY CONCERNS AND SOCIAL SUPPORT

- Positive outcomes related to family support
- Confusion and lack of information
- Covert and overt TGNC-prejudice within families
- Family member experiences of TGNC-prejudice (e.g., workplace, physicians)
- Explore ways of helping clients to connect to communities/resources that provide social support and foster development of healthy identity (resilience)

GUIDELINE 10: APPLICATIONS

- Educate oneself about common mental health concerns and overlaps
- Refrain from over- or under-emphasizing mental health concerns
- Identify external stressors and sources of dysphoria
- Learn about how hormone therapy and mood concerns may interact

GUIDELINE 11: APPLICATIONS

- Emphasize affirming stance and approach to care
- Assist in building supportive social networks/communities
- Assist in navigating social transition and disclosure
- Provide education and care/support to loved ones

GUIDELINES 12, 13, & 14

GL 12: Psychologists strive to understand the effects that changes in gender identity and gender expression have on the romantic and sexual relationships of TGNC people.

GL 13: Psychologists seek to understand how parenting and family formation among TGNC people take a variety of forms.

GL 14: Psychologists recognize the potential benefits of an interdisciplinary approach when providing care to TGNC people and strive to work collaboratively with other providers.

GUIDELINE 12: APPLICATIONS

- Support and normalize process of exploration, fluidity, or new attractions
- Assist in relational concerns and shifts
- Aid partners/couples in renegotiating dynamics and boundaries of sex and intimacy
- Create groups for partners or opportunities for partners' own process *separate from* trans clients/people

GUIDELINE 13: APPLICATIONS

- Help TGNC people explore fertility and reproductive options in context of transition-related goals (e.g., understand effects of hormone therapy on reproductive options)
- Provide education about the many ways that TGNC people may choose to build a family or become caregivers
- Facilitate disclosure with family members (e.g., children)

GUIDELINE 14: APPLICATIONS

- Actively collaborate with other health care professionals
 - Surgeons and other physicians
 - Social workers
 - Electrologists
 - Speech therapists
 - Nutritionists
 - Clergy
 - Attorneys
- Provide education or consultation to promote affirming care
- Challenge barriers to care

CLINICAL EXAMPLE 4

- A potential new client calls your practice and reports wanting to work on “relationship issues” with their partner. They mention wanting to work with you because you work with trans people.

SURVEY QUESTION 5

WHAT SHOULD YOU BE SURE TO DO DURING THE FIRST SESSION?

- a) Take a thorough gender history.
- b) Refer partner to a support group.
- c) Decline therapy, write surgery letter
- d) Assess client's presenting concern and its relationship to gender.

SURVEY QUESTION 5

WHAT SHOULD YOU BE SURE TO DO DURING THE FIRST SESSION?

- a) Take a thorough gender history.
- b) Refer partner to a support group.
- c) Decline therapy, write surgery letter
- d) **Assess client's presenting concern and its relationship to gender.**

RESEARCH, EDUCATION, & TRAINING

GUIDELINES 15-16

GUIDELINES 15 & 16

GL 15: Psychologists respect the welfare and rights of TGNC participants in research and strive to represent results accurately and avoid misuse or misrepresentation of findings.

GL 16: Psychologists seek to prepare trainees in psychology to work competently with TGNC people.

GUIDELINE 15: APPLICATIONS

- Collect demographic information related to gender in an inclusive, affirming way for ***all*** research
- Conduct TGNC-specific research
- Be cautious in making interpretations or claims based on research when samples do not include diverse groups
- Be cautious about research on “LGBT” people
- Engage TGNC people in research
 - Participatory action research

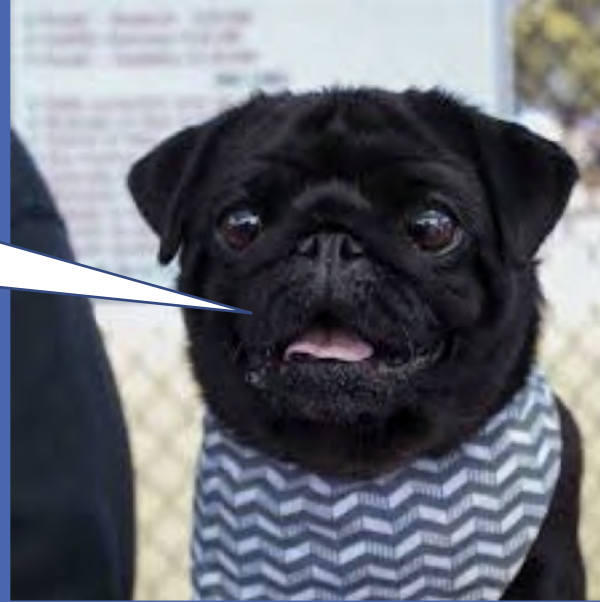
GUIDELINE 16: APPLICATIONS

- Infuse gender identity/diversity in all educational endeavors, not just on a specific week
- Use these guidelines! 😊
- Encourage basic competency for *all* mental health providers
- Create opportunities for advanced learning for those who want to specialize
- *Another webinar on training will be offered – stay tuned!*



QUESTIONS?

*THANK YOU
SO MUCH!*



CONTACT:
SAND CHANG, PHD
SANDCHANG.COM
DRSANDCHANG@GMAIL.COM